

CMS COVID-19 VACCINE IFR

What to expect. How to prepare.

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What is Being Expected

- The facility must ensure that 100% of facility staff are fully vaccinated for COVID-19, except for those staff who have been granted exemptions or temporary delayed status.

[QSO-22-07](#)

[QSO-22-11](#)

[QSO-22-09](#)

[ICF/IID Attachment](#)

[FAQ's](#)

For South Carolina!



The facility must ensure that 100% of facility staff are fully vaccinated for COVID-19, except for those staff who have been granted exemptions or temporarily delayed vaccination status.

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- “Staff” are individuals who provide any care, treatment, or other services for the ICF/IID and/or its clients, including employees; licensed practitioners; adult students, trainees, volunteers; and those under contract or other arrangement.
 - “Fully Vaccinated” means two weeks out from completion of their primary vaccine series (single-dose vaccine or all required doses of a multi-dose vaccine for COVID-19)
 - “Exemptions: When a staff is exempt from COVID-19 vaccination based on requirements of an applicable Federal law primarily medical and religious reasons.
 - “Temporarily delayed vaccination” refers to vaccination must be temporarily postponed, as recommended by CDC, due to clinical precautions and considerations, including, but not limited to, individuals with acute illness secondary to COVID-19, or individuals who received monoclonal antibodies or convalescent plasma for COVID-19 treatment in the last 90 days.

Note: Application to Services Outside the ICF/IID Facility, Per CMS: *The staff vaccination mandate requirement for ICFs is to ensure vaccination of the staff providing care and treatment of clients **within the facility**. The ICF **may** be more prescriptive to include as part of their contracted services (Ex: Day treatment programs) outside of the facility that others be included in this requirement to mitigate the risk of transmission. We would hope that contract providers that have a history of providing services to ICF/IIDs outside of the ICF facility would understand the need to meet these requirements for public health and safety as well as from a business necessity.* Further written guidance is planned either through a QSO or FAQ.

Surveying for Compliance

Surveyors have begun surveying for some states on 1/27/22. For South Carolina (and other states) it will begin after 2/14/22 during:

- Recertification surveys
- Initial Federal surveys
- Complaint survey

During, Entrance Conference, Surveyors will ask for:

- Vaccination policies and procedures
- List of all staff and their vaccine status
- Any contingency plan developed to mitigate the spread of COVID-19

Surveyors will then conduct Record Reviews, Interviews, and Observations

Non-compliance does not necessarily lead to termination, and facilities will generally be given opportunities to return to compliance.

**Relevant
Conditions of
Participation
and
Regulations**

Condition of Participation:
Facility staffing W0508
483.430(f)

Condition of participation:
Health care services W322
483.460(a)(4)

South Carolina Deadlines

February 14:

- 100% of staff having received one dose of vaccine, except those with or pending an exemption request and those having a temporary delay recommended by the CDC.
- Policies and procedures developed and implemented
- A facility above 80% and has a plan to achieve a 100% staff vaccination rate within 60 days would not be subject to enforcement action

March 15:

- 100% of staff having completed the vaccine series, except those with granted exemption request and those having a temporary delay recommended by the CDC.
- A facility above 90 percent and has a plan to achieve a 100% staff vaccination rate within 30 days would not be subject to enforcement action

Steps to Compliance



POLICIES AND PROCEDURES
(DEVELOP AND IMPLEMENT BY
2/14/22 FOR SOUTH CAROLINA)



TRACK AND DOCUMENT
(FIND YOUR STARTING POINT)



CONTINGENCY PLANS
(PATH TO COMPLIANCE AND
WHAT TO DO IN THE INTERIM)

Good-Faith Effort

Citation level and/or enforcement action may be lowered if the following have occurred **prior to the survey**:

- a. no/limited access to vaccine with documented attempts to obtain access
- b. evidence that aggressive steps have been taken to have all staff vaccinated, such as advertising for new staff, hosting vaccine clinics, etc.

Focus will be on vaccination status and policies to address vaccination for staff that regularly work in the ICF/IID (e.g., weekly)

Policies and procedures must address *a process* for each of these components:

1. Ensuring all staff have begun their primary COVID-19 vaccine series prior to providing any care or other services for the facility/clients and that all staff are fully vaccinated, except for those staff who have been granted exemptions or temporary delayed status.
2. Staff to request a vaccine exemption from the vaccination requirements to include medical and religious exemptions
3. Mitigate spread of COVID-19 especially by those staff who are unvaccinated or who are not yet fully vaccinated which include adherence to additional precautions.
4. Tracking vaccination status of all staff to include primary vaccine series, boosters, exemptions pending/granted, temporary delay status
5. Documenting information provided by those staff who have requested and/or been has granted an exemption to include medical exemption requirements.
6. Contingency planning for unvaccinated staff

Vaccination Exemptions

The process to request an exemption should clearly identify

- how an exemption is requested
 - who requests are made to
 - how requests will be evaluated
 - the tracking and documentation of exemption information
 - the determination of requests
 - any accommodations granted
1. No accommodation should be provided to staff that is not legally required.
 2. Staff members that have valid reasons for exemption, should be addressed individually.

Medical Exemptions

Certain allergies or recognized medical conditions may provide grounds for an exemption. Refer to CDC document, [Summary Document for Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States](#). In general, CDC considers to be a contraindication to vaccination with COVID-19 vaccines

- a history of a severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine
- an immediate (within 4 hours of exposure) allergic reaction of any severity to a previous dose
- or known (diagnosed) allergy to a component of the COVID-19 vaccine

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Religious Exemptions

See [EEOC Compliance Manual on Religious Discrimination](#) for information evaluating and responding to such requests.

Note: Surveyors will not evaluate the details of the request for a religious exemption, nor the rationale for the ICF acceptance or denial of the request. Rather, surveyors will review to ensure the ICF/IID has an effective process for staff to request a religious exemption for a sincerely held religious belief.

Temporarily Delayed Status

Have a process to track and document for staff whose vaccine is temporarily delayed for CDC recommended clinical precautions and considerations such as:

- individuals with acute illness secondary to COVID-19 illness
- individuals who received monoclonal antibodies treatment/prophylaxis

The date to resume vaccination needs to be tracked too.

Documentation and Tracking

Acceptable Documentation of Proof of Vaccination Status:

- CDC COVID-19 vaccination record card (or a legible photo of the card)
- Documentation of vaccination from a health care provider or electronic health record
- State immunization information system record

Vaccine Education: Demonstrate that staff (and residents) unless medically contraindicated or already immunized have been offered vaccination and received education.

Medical exemption documentation must include

- specify which COVID-19 vaccine is clinically contraindicated and the recognized clinical reasons for the contraindication.
- a statement recommending that the staff member be exempted from the ICF/IID's COVID-19 vaccination requirements based on the medical contraindications.
- be signed and dated by a licensed practitioner acting within their respective scope of practice and in accordance with all applicable laws. The individual who signs the exemption documentation cannot be the same individual requesting the exemption

Contingency plans for staff those not fully vaccinated
(regardless of reason) should include:

- Strategies to mitigate the spread COVID-19
- Prioritize for staff that have obtained no doses
- Deadlines for staff to have begin your vaccination series and actions taken if not vaccinated
- Include actions to be taken if the deadline is not met
- Work in conjunction with your EOP Crisis Staffing Plans

Suggested Strategies / Accommodations to Mitigate Spread of COVID-19

- Requiring unvaccinated staff to follow CDC-recommended clinical precautions, such as adhering to universal source control and physical distancing measures in areas that are restricted from client access.
- Reassigning unvaccinated staff to non-client care areas, to duties that can be performed remotely (i.e., telework), or to duties which limit exposure to those most at risk (e.g., assign to clients who are not immunocompromised, unvaccinated)
- Requiring at least weekly testing for unvaccinated staff
- Requiring unvaccinated staff to use N95 or higher source control

[CDC's Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic webpage.](#)

Deadlines Not Met

Actively seeking replacement staff through advertising or obtaining temporary vaccinated staff until permanent vaccinated replacements can be found.

Use of Emergency Staffing Plans already in place through your EOP. Consider using CDC Surge Capacity Standards:

- Conventional capacity (care provided as usually)
- Contingency capacity (using adaptations to care due to staffing constraints without significant impact on care provided)
- Crisis capacity (implemented in catastrophic situations with a significant impact on care provided)

Staffing contingency plans

ICFs must develop and maintain an emergency preparedness plan that is based on a facility-based and community-based risk assessment, utilizing an all-hazards approach, and includes emerging infectious disease - 42 CFR §483.475(a).

Tips:

- Use Tiers/Hierarchy
- Allow for Flexibility
- Work with other parts of COVID or EOP plans
- Focus on Critical Functions
- Incorporate CDC and CMS Resources
 - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html>
 - <https://files.asprtracie.hhs.gov/documents/healthcare-workforce-strategies-for-managing-a-surge-in-healthcare-provider-demand.pdf>
 - <https://files.asprtracie.hhs.gov/documents/aspr-tracie-cms-ep-rule-icf-iid-requirements.pdf>

Work Restrictions for HCP With SARS-CoV-2 Infection and Exposures

HCP are considered “boosted” if they have received all COVID-19 vaccine doses, including a booster dose, as recommended by CDC. HCP are considered “vaccinated” or “unvaccinated” if they have NOT received all COVID-19 vaccine doses, including a booster dose, as recommended by CDC.

For more details, including recommendations for healthcare personnel who are immunocompromised, refer to Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 (conventional standards) and Strategies to Mitigate Healthcare Personnel Staffing Shortages (contingency and crisis standards).

Work Restrictions for HCP With SARS-CoV-2 Infection

Vaccination Status	Conventional	Contingency	Crisis
Boosted, Vaccinated, or Unvaccinated	10 days OR 7 days with negative test [†] , if asymptomatic or mildly symptomatic (with improving symptoms)	5 days with/without negative test, if asymptomatic or mildly symptomatic (with improving symptoms)	No work restriction, with prioritization considerations (e.g., asymptomatic or mildly symptomatic)

Work Restrictions for Asymptomatic HCP with Exposures

Vaccination Status	Conventional	Contingency	Crisis
Boosted	No work restrictions, with negative test on days 2 [‡] and 5–7	No work restrictions	No work restrictions
Vaccinated or Unvaccinated, even if within 90 days of prior infection	10 days OR 7 days with negative test	No work restriction with negative tests on days 1 [‡] , 2, 3, & 5–7	No work restrictions (test if possible)

[†]Negative test result within 48 hours before returning to work

[‡]For calculating day of test: 1) for those with infection consider day of symptom onset (or first positive test if asymptomatic) as day 0; 2) for those with exposure consider day of exposure as day 0



Conventional Capacity

(care and supports provided as usually)

- Understand one's normal staffing needs and minimum number of staff needed to provide safe work environments and client care under normal circumstances.
- Understand the local epidemiology of COVID-19 in your area
- Connect with other and make a list of contact who could provide assistance around acquiring additional staff such as:
 - Town/County/State designated officials
 - Health Care Coalitions
 - Other ICF/IID facilities and/or IDD Agency Partners.
 - Trade Association, groups
- Develop List of Critical Functions: job duties on a normal, daily basis to deliver your primary purpose/mission. Ones that must continue without interruption or resume quickly. Include all areas such as clinical care, dietary, building operations, administrative operations.

Contingency Capacity

(using adaptations to care and supports due to staffing constraints and without significant impact)

- Increase and re-assess recruitment strategies
- Hire/Recruit temporary staff
- Maximize use of current staff (weigh in burnout)
- Re-Assign Supervisory staff to client care
- Implement Occasional use of the Crisis Staffing Plan
- Reassign credentialed staff to client care.
- Contact the outside entities for help
- Stop new admissions
- Return staff to work from quarantine early as outlined in CDC guidance

Crisis Capacity

(implemented in catastrophic situations with a significant impact on care provided)

- Reduce staffing levels and adjust client care plans, documentation requirements, and schedules to focus on life safety, ADL's, and health.
- Supplement with uncredentialed/just in time trained staff.
- Reduce the number or clients served via planned use of home visits or initiating temporary/long-term discharge discussions clients/guardians
- Return COVID-19 Positive Staff from Isolation as outlined in CDC guidance and specific duration/limits
- Staff Unvaccinated or Partially Vaccinated for COVID-19 using specific mitigation strategies to prevent the spread of COVID

Survey Procedures and Citations

Record Review, Interview, and Observations

Surveyors will ask for and review:

- Vaccination policies and procedures
- List of all staff and their vaccine status
 - percentage of unvaccinated staff, excluding those staff that have approved exemptions (surveyors will verify discrepancies)
 - staff members with an exemption
 - newly hired staff (hired in the last 60 days)
 - the position or role of each staff member
- Any contingency plan developed to mitigate the spread of COVID-19

Surveyors will select a sample should include (as applicable):

- Direct care staff (vaccinated and unvaccinated)
- Contracted staff
- Direct care staff with an exemption

Within 30-59 days following issuance of memo						
Total number of staff partially vaccinated (5)	Total number of staff completely vaccinated (6)	Granted or pending medical exemption (8)	Granted or pending non-medical exemption (9)	Temporary delay per CDC (10)	Total staff	% Current staff vaccinated
10	50	10	10	5	100	85.0%

After 60 days following issuance of memo					
Total number of staff completely vaccinated (6)	Granted Medical exemption (8)	Granted Non-medical exemption (9)	Temporary delay per CDC (10)	Total staff	% Current staff vaccinated
75	5	5	5	100	90.0%

For those identified as vaccinated, surveyors are to:

1. Check the Documentation of Proof of Vaccination Status
2. Conduct follow-up interviews with staff and administration if any discrepancies are identified.

For those identified as unvaccinated, surveyors are to:

1. Determine, if they have been educated and offered vaccination
2. Interview staff and ask if they plan to get vaccinated, if they have declined to get vaccinated, and if they have a medical or religious exemption:
 - • Request and review documentation of the medical exemption (see below).
 - • Request to see employee record of the staff education of the ICF/IID policy and procedure regarding unvaccinated individuals.
3. **Observe staff providing care to determine compliance with current standards of practice with infection control and prevention.**
4. For each unvaccinated due to a medical contraindication review and verify all required documentation.
 - • Signed and dated by physician or advanced practice provider
 - • States the specific vaccine that is contraindicated, the recognized clinical reason for the contraindication, and a statement recommending exemption.

Immediate Jeopardy

40% or more of staff remain unvaccinated creating a likelihood of serious harm

OR

o Did not meet the 100% staff vaccination rate standard;

and

observations of noncompliant infection control practices by staff

and

o 1 or more components of the policies and procedures were not developed or implemented

Condition Level Citation

- 21-39% of staff remain unvaccinated creating a likelihood of serious harm

OR

- Did not meet the 100% staff vaccination rate standard

and

- 1 or more components of the policies and procedures were not developed and implemented

Standard Level Citation

o 100% of all staff vaccinated and all new staff have received at least one dose;
and

o 1 or more components of the policies and procedures were not developed and implemented

OR

o Did not meet the 100% staff vaccination rate standard, but are making good faith efforts toward vaccine compliance



Remember....

- Now is the time to get started!
- Use Contingency Planning to Balance Health and Safety Risks
- Document, Track, Document!
- Good Faith Effort, Good Faith Effort, Good Faith Effort!

Contact Info

Feel free to reach out with
any questions you may have:

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Questions?
